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CONFIRMATION NO. 3770

<b>SERIAL NUMBER</b> 10/688,904	<b>FILING OR 371(c) DATE</b> 10/21/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1744	<b>ATTORNEY DOCKET NO.</b> 11641/160
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/241,445 09/12/2002 which is a CIP of 10/097,329 03/15/2002  
 and is a CIP of 10/097,351 03/15/2002 PAT 6,921,660  
 and is a CIP of 10/097,306 03/15/2002  
 and is a CIP of 10/097,304 03/15/2002 PAT 6,818,403  
 and is a CIP of 10/097,322 03/15/2002 PAT 6,811,968  
 and is a CIP of 10/097,302 03/15/2002  
 and is a CIP of 09/709,776 11/08/2000 PAT 6,699,665  
 and is a CIP of 10/206,112 07/29/2002 PAT 6,893,851  
 This application 10/688,904  
 claims benefit of 60/419,980 10/22/2002  
 and claims benefit of 60/419,976 10/22/2002

NAD

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE NAB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verification Verified and Acknowledged Examiner's Signature: [Signature] Initials: NAB				

## ADDRESS

23838

## TITLE

Device and method for monitoring leukocyte migration

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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